

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-11-05</u>		2 Serial/Patent # <u>10/518716</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/>	Filing		6 AMOUNT \$ <u>50</u>							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input type="checkbox"/>	Petition		\$							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ <u>50</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input type="checkbox"/>	Overpayment	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:								
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> </tr> </table>		0	6	--	0	9	1	6
0	6	--	0	9	1	6				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anders</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 241</u>								
OFFICE: <u>PCT DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: